

EXHIBIT E – PART 2

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00982				TAX BOND NO.	BL NO. SJUELY265JAX038	Date: 05/28/02
				EXPORT REFERENCES RV81138		
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085				BOOKING NUMBER IV09027		SHIPPER REFERENCE NO.
				SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)				ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT				
VESSEL EL YUNQUE	VOY. NO 265	FLAG N	UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY WAUKEGAN, IL		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL		
PARTICULARS FURNISHED BY SHIPPER						
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASURE
UNIT NO: NPRU6550410 SEAL 1: 32291 SEAL 2: 20410 TIR#883150000	1	45HC STC: 44 PALLETS 2,608 PCS MEDICAL DEVICES ** TR/DR 0000			17,144	
TARIFF ITEM NUMBER				CHARGES	TOTAL	
OC FRT SOUTHBOUND				1	1,250.00	1,250.00
BUNKER SURCHARGE				1	125.00	125.00
PT AUTH FEE				1	15.00	15.00
				TOTAL CHARGES: 1,390.00		
FREIGHT PAYABLE AT/ BY:						
				BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60654		
SHIPPER LOAD AND COUNT				FREIGHT COLLECT		COPY NON-NEGOTIABLE
<p>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side of this document without payment of freight and all other special charges.</p> <p>A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$</p> <p>B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes [] No [] Insured Value \$</p> <p>Subject to Clause 24 of Conditions, if the bill of lading is to be delivered to the Consignee without recourse to the consignor, the consignor shall sign the following statement: This bill of lading is not negotiable and shall not be transferred without payment of freight and all other special charges.</p>				<p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OF SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSFER OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED: ORIGINAL BILL OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		
REVISED 2/02				SEA STAR LINE, LLC		

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 MD0477

CATANO, PR 00982

TAX BOND NO.

BL NO.

SJUELY265JAX041

Date:
05/28/02

EXPORT REFERENCES

RV81143

BOOKING NUMBER

IV08027

SHIPPER REFERENCE NO.

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA04357)
2101 WAUKEGAN ROAD

WAUKEGAN, IL 60085

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO FLAG
EL YUNQUE 265 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLPLACE OF DELIVERY
WAUKEGAN, ILFINAL DESTINATION OF GOODS (NOT VESSEL)
WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREME
UNIT NO: SBGU490199 SEAL 1: 0032296 SEAL 2: 0020470 TIR#88319	1 45HC	STC: 44 PALLETS 1,321PCS MEDICAL DEVICES TR/DR	8,572	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE

* Carrier's B/LB is subject to liability per container shall apply, unless Carrier's tariff provides for Shipper's Interest cargo insurance with limits specified in Clause 22 and all on the reverse side of shipped invoice. Clause (A) or (B) below.

- A. **Ad Valorem** - If Shipper declares a value in this space provided, Carrier's \$400 Billions per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
Declared Value \$ _____
- B. **Insurance Coverage** - See Clause 22 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.
I Yes [] No Insured Value \$ _____

Subject to Clause 21 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignee, the consignee shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Signature of Consignee _____

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE NOTICED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.
THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSFERRING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE
IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT SOUTHBOUND	1 1,250.00	1,250.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO, PR 00962

TAX BOND NO.

BL NO.

SJUELY265JAX039

Date:

05/28/02

EXPORT REFERENCES

RV81141

BOOKING NUMBER

IV09027

SHIPPER REFERENCE NO.

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA04357)
2101 WAUKEGAN ROAD

WAUKEGAN, IL 60085

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO. FLAG
EL YUNQUE 265 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLPLACE OF DELIVERY
WAUKEGAN, ILFINAL DESTINATION OF GOODS (NOT VESSEL)
WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS NO OF PKGS DESCRIPTION OF PACKAGES AND GOODS GROSS WEIGHT MEASURE

UNIT NO: NPRU6554951 1 45HC

SEAL 1: 32295
SEAL 2: 20412STC:
42 PALLETS
1,842 PCS
MEDICAL DEVICES

9,843

TR/DR
0000

TIR#883140000

TARIFF ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:
OC FRT SOUTHBOUND	1 1,250.00	1,250.00	BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554
BUNKER SURCHARGE	1 125.00	125.00	
PT AUTH FEE	1 15.00	15.00	
TOTAL CHARGES: 1,390.00			

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's 8000 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's internal cargo insurance with limits specified in Clause 23 and set in the reverse side or shipper's selected Option (A) or (B) below.

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTING OF THE GOODS ARE SUBJECT TO THE TERMS APPLICABLE TO THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THIS OTHER TO STAND VOID.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's 8000 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☐ (Amount Value \$)

Subject to Clause 14 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

REVISED 2/02

BY

SEA STAR LINE, LLC

Sep-18-2002 03:58am From-

T-237 P.010/016 F-377

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED TO ORDER

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP (SJU05000)
ROAD #5 KM 27.4 EXT
EXPRESO DE DIEGO, PALMAS
CATANO, PR 00962

TAX BOND NO.

BL NO.

Date:

SJUELY277JAX045

07/09/02

EXPORT REFERENCES

BOOKING NUMBER:

SHIPPER REFERENCE NO.

MG15216

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA04357)
2101 WAUKEGAN ROAD

WAUKEGAN, IL 60085

SALES AGENT OR IIC (Complete Name, Address and Zip Code) FREIGHT BROKER

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO. FLAG
EL YUNQUE 277 N UNITED STATES

PORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FL

DESTINATION PORT
JACKSONVILLE, FL

FINAL DESTINATION OF GOODS (NOT VESSEL)
WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASURE
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UNIT NO:
STRU455088-2
SEAL 1: 32213

1 45HC

STC: MEDICAL PRODUCT

10,508

ORDERS: 53248847-AA; 53248848-AA
BL# RV81941

7/16/02 6:00 AM

TR/DR

7/

TIR#: 503613

CORRECTED BILL OF LADING

TARIFF ITEM NUMBER

CHARGES

TOTAL

OC FRT NORTHBOUND
BUNKER SURCHARGE
PT AUTH FEE

1

1,250.00

1,250.00

1

125.00

125.00

1

15.00

15.00

TOTAL CHARGES: 1,390.00

FREIGHT PAYABLE BY:

BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE IL 60554

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's 5000 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's optional cargo insurance with limits specified in Clause 23 and 24 on the reverse side of shipping document. Options (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's 5000 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

B. Insurable Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rate offered by Carrier.

Yes [] No [] Insured Value \$

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse to the consignee, the consignee shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignee

RECEIVED THE GOODS OF WHICH WEIGHT IS SHOWN HEREIN IN APPARENT GOOD ORDER AND CONDITION UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED, CARRIER HAS NOT INSPECTED OR COUNTED OR SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPMENT OF THE GOODS ARE SUBJECT TO THE TERMS APPLYING ON THE FACE AND BACK HEREOF. A 10 DAY CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND AT THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF WHICH BECAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

Sep-18-2002 03:58am From-

T-237 P.008/016 F-377

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP (SJU05000)
ROAD #5 KM 27.4 EXT
EXPRESO DE DIEGO, PALMAS
CATANO, PR 00982

TAX BOND NO.

BL NO.

Date:

SJUELY277JAX044

07/09/02

EXPORT REFERENCES

BOOKING NUMBER:

SHIPPER REFERENCE NO.

MG15216

SALES AGENT OR I/C (Complete Name, Address and Zip Code) FREIGHT BROKER

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA04357)
2101 WAUKEGAN ROAD

WAUKEGAN, IL 60085

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO. FLAG
EL YUNQUE 277 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLDESTINATION PORT
JACKSONVILLE, FLFINAL DESTINATION OF GOODS (NOT VESSEL)
WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS NO OF PKGS DESCRIPTION OF PACKAGES AND GOODS

GROSS WEIGHT MEASUREMENT

UNIT NO:
NPRU6555773
SEAL 1: 32253
SEAL 2: 23333

1 45HC

STC: MEDICAL PRODUCT
MANDATORY PROTECT FROM FREEZING

21,404

ORDERS: 53248843*AA; 53248844*AA
BL# RV81942

7/16/02 8:00 AM

TR/DR

TIR#: 182543

CORRECTED BILL OF LADING

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,250.00	1,250.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00
TOTAL CHARGES: 1,390.00		

FREIGHT PAYABLE AT/ BY:

BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
P.O. BOX 2000
SUGAR GROVE IL 60554

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's liability limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance and bills (provided in Clause 25 and 26 on the reverse side of bill) which override (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$5000 limitation per container shall not apply and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper notifies Shipper's interest cargo insurance of the applicable rate charged by Carrier.

Yes ☐ No ☐ Insured Value \$

Subject to Clause 14 of Conditions, if the shipment is to be delivered to the Consignee without insurance on the container, the consignor shall sign the following statement. The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION UNLESS OTHERWISE INDICATED. TO BE SHIPPED AS MENTIONED. CARRIER HAS NOT INSPECTED CO-TESTS OR BAG SEALED PACKAGES.

THIS RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPING OF THE GOODS ARE SUBJECT TO THE TERMS APPLYING ON THE FACE AND BACK HEREOF. ALL CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/03

BY

SEA STAR LINE, LLC

Sep-18-2002 03:58am From-

T-237 P.011/016 F-377

SEA STAR LINE, LLC COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP (SJU05000)
ROAD #5 KM 27.4 EXT
EXPRESO DE DIEGO, PALMAS
CATANO, PR 00962

TAX BOND NO.

BL NO.

SJUELY277JAX046

Date:

07/09/02

EXPORT REFERENCES

BOOKING NUMBER:

MG15216

SHIPPER REFERENCE NO

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA04357)
2101 WAUKEGAN ROAD

WAUKEGAN, IL 60085

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO
EL YUNQUE 277 N FLAG
UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLDESTINATION PORT
JACKSONVILLE, FLFINAL DESTINATION OF GOODS (NOT VESSEL)
WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS NO OF PKGS DESCRIPTION OF PACKAGES AND GOODS GROSS WEIGHT MEASURE

UNIT NO:
UXXU481154-0
SEAL 1: 32385
SEAL 2: 23305

1 45HC

STC: MEDICAL PRODUCT
PROTECT FROM FREEZING

23,113

ORDERS: 53236868*AA; 53248841*AA;
53248842*AA; 532628308
BL# RV819397/18/02 6:00 AM
TRDR

CORRECTED BILL OF LADING

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,250.00	1,250.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00
TOTAL CHARGES: 1,390.00		

FREIGHT PAYABLE A/S BY:

BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE IL 60554

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's S&O limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's inland cargo insurance with terms specified in Clause 23 and 24 on the Reverse side or Shipper elects Option (A) or (B) below.

A. Ad Valorem - If Shipper declares a value at the space provided, Carrier's S&O limitation per container will not apply, and agreed net charges less Ad Valorem rate for Shipper's cargo.

Declared Value \$

B. Insurance Coverage - See Clause 23 on the Reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper (notwithstanding Shipper's election of cargo insurance) will be responsible for charges by Carrier.

Yes [] No Insured Value \$

Subject to Clause 24 of Conditions, if the shipper is to be delivered to the consignee without recourse on the consignee, the consignee shall sign the following statement. The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Signature of
Consignee

RECEIVED THE GOODS ON PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OF SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, DELIVERY, AND TRANSHIPING OF THE GOODS ARE SUBJECT TO THE TERMS APPLICABLE ON THIS FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

Sep-18-2002 03:58am From-

T-237 P.008/016 F-377

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO ,PR 00962		TAX BOND NO.	BL NO. SJUELY277PEV075	Date: 07/09/02
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA56831) 3205 MERIDIAN PARKWAY WESTON ,FL 33331		EXPORT REFERENCES	SHIPPER REFERENCE NO RV81944	
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ATTN:MANUEL FERNANDEZ () PHONE#954-349-9988		BOOKING NUMBER MG15217	SALES AGENT OR I/C (Complete Name, Address and Zip Code) FREIGHT BROKER	
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL EL YUNQUE	VOY. NO 277 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN
PORT OF DISCHARGE PORT EVERGLADES, FL.	DESTINATION PORT PORT EVERGLADES, FL.	FINAL DESTINATION OF GOODS (NOT VESSEL) WESTON, FL		
PARTICULARS FURNISHED BY SHIPPER				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: UXXU4812660 SEAL 1: 23309 SEAL 2: 2257 TIR#504180	1 45HC	STC: 44 PALLETS 1,809 PCS MEDICAL DEVICES 8/15/02 8:00 AM TR/DK □	24,884	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE
<p>* Carrier's 1000 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side of Shipper's invoice. Clause (A) or (B) below.</p> <p>A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's 1000 limitation per container will not apply, and Carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$</p> <p>B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rate charged by Carrier. Yes [] No [] Insured Value \$</p> <p>Subject to Clause 14 of Conditions, if the shipment is to be delivered to the Consignee without recourse to the carrier, the carrier shall sign the following statement. The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges. Signature of Consignor</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS FORTH PROVIDED, CARRIER HAS NOT INSPECTED CONTENTS OF SAID SEALED PACKAGES. THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPANIED, THE OTHERS TO STAND VOID.</p>				
REVISED 2/02		BY _____ SEA STAR LINE, LLC		
FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554				
TARIFF ITEM NUMBER	CHARGES	TOTAL		
PT AUTH FEE	1 15.00	15.00		
BUNKER SURCHARGE	1 125.00	125.00		
OC FRT NORTHBOUND	1 625.00	625.00		
TOTAL CHARGES: 765.00				

Sep-18-2002 09:59am From-

T-237 P.015/016 F-377

SEA STAR LINE, LLC

COMBINED RATE / CARRIER'S OWNERSHIP OF CARRIER'S OWNERSHIP

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO PR 00963		TAX BOND NO.	BL NO. SJUELM281JAX126	Date: 07/23/02												
		EXPORT REFERENCES														
		BOOKING NUMBER MG17253	SHIPPER REFERENCE IC RV 82147													
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN IL 60085		SALES AGENT OR IC (Complete Name, Address and Zip Code) FREIGHT BROKE R I														
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.		ALSO NOTIFY, ROUTING OR INSTRUCTIONS														
PIER SAN JUAN, PR		PLACE OF RECEIPT														
VESSEL EL MORRO	VOY. NO 281 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR													
POINT AND COUNTRY OF ORIGIN																
PORT OF DISCHARGE JACKSONVILLE, FL		DESTINATION PORT WAUKEGAN, IL														
FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL																
PARTICULARS FURNISHED BY SHIPPER																
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT												
UNIT NO: UXXU4812042 SEAL 1: 28753 SEAL 2: 32388 TIR# 185693	1 45HC	1880 PIECES MEDICAL DEVICES TR/DOR SHIPPER LOAD & COUNT		20,624												
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE												
<p>* Carrier's 5000 limitation of liability per container shall apply unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side of Shipper's Instructions (SI) or (SI) below.</p> <p>A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's 5000 limitation per container will not apply and carrier will charge the Ad Valorem Rate for Shipper's cargo. Declared Value \$ _____</p> <p>B. Insurance Coverage - See Clause 23 on the reverse side and appendices thereto to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. [Yes] [No] Insured Value \$ _____</p> <p>Subject to Clause 24 of Conditions, if the agreement is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other loads charges. Signature of Consignor _____</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES. THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILLS OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		<p>FREIGHT PAYABLE AT/ BY: BAXTER HEALTHCARE GAO SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SJGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1 1,250.00</td> <td>1,250.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 15.00</td> <td>15.00</td> </tr> </tbody> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1 1,250.00	1,250.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 15.00	15.00
TARIFF ITEM NUMBER	CHARGES	TOTAL														
OC FRT NORTHBOUND	1 1,250.00	1,250.00														
BUNKER SURCHARGE	1 125.00	125.00														
PT AUTH FEE	1 15.00	15.00														
REVISED 2/03		BY _____ SEA STAR LINE, LLC														

TOTAL CHARGES: 1,390.00

Sep-18-2002 03:57am From-

T-237 P.002 F-377

COMBINED RETURN / CARRIER LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS DESIGNATED TO ORDER

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO ,PR 00962

TAX BOND NO.

BL NO.

SJUELY273PEV028

Date:
06/25/02

EXPORT REFERENCES

BOOKING NUMBER:

MG13348

SHIPPER REFERENCE NO.
RV81723

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA56831)
3205 MERIDIAN PARKWAY

WESTON ,FL 33331

SALES AGENT OR IIC (Complete Name, Address and Zip Code) FREIGHT BROKER L

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO FLAG
EL YUNQUE 273 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
PORT EVERGLADES, FL.DESTINATION PORT
WESTON, FLFINAL DESTINATION OF GOODS (NOT VESSEL)
WESTON, FL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU6555644 SEAL 1: 22239 SEAL 2: 32250 TIR#183636	1 45HC	STC: 44 PALLETS 1,942 PCS MEDICAL DEVICES ** RV81723 ** TR/DR □	27,556	
SHIPPER LOAD AND COUNT				

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's limit provided for Shipper's interest cargo insurance with limits specified in Clause 22 and 24 on the reverse side of shipper's bill of lading (A) or (B) below.

A. All Values - If Shipper declares a value in the space provided, Carrier's limit provided for Shipper's interest cargo insurance with limits specified in Clause 22 and 24 on the reverse side of shipper's bill of lading (A) or (B) below.

Declared Value

\$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes () No

insured Value \$

Subject to Clause 24 of Conditions, if the bill of lading is to be delivered to the Consignee without recourse to the consignee, the consignee shall sign the following statement. The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Signature of
Consignee

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SEALED PACKAGES.

THIS RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON, D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL (S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USAD3930)
LC/GISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC PRT NORTHBOUND	1 625.000	625.00
BUNKER SURCHARGE	1 125.000	125.00
PT AUTH FEE	1 15.000	15.00

REVISED 2002

BY

SEA STAR LINE, LLC

Sep-18-2002 03:58am From-

T-237 P.003 F-377

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED TO ORDER

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. (SJU05000)
ROAD #5 KM 27.4 EXT
EXPRESO DE DIEGO, PALMAS
CATANO, PR 00982
M00477

TAX BOND NO.

BL NO.

Date:

SJUELY273JAX052

08/25/02

EXPORT REFERENCES

RV#81722

BOOKING NUMBER

MG13347

SHIPPER REFERENCE NO

RV#81722

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA04357)
2101 WAUKEGAN ROAD

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BRO: ER
()

WAUKEGAN, IL 60085

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ATTN: KAY UTTER ()
PHONE: 847-578-5921

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PLEASE DELIVER THIS CONTAINER ()
ON 07/02/02 AT 6:00AM

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO. FLAG
EL YUNQUE 273 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLDESTINATION PORT
WAUKEGAN, ILFINAL DESTINATION OF GOODS (NOT VESSEL)
WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASURE MEN
-------------------	------------	-----------------------------------	--------------	-------------

UNIT NO:
NPRU6553620
SEAL 1: 32204

1 45HC

STC:44 PALLETS
2,133 PIECES
MEDICAL DEVICES

26,176

PROTECT FROM FREEZING

ORDERS NO.531001133**AA
53105820**AA
832270499

D/R# 182638

TR/DR

CORRECTED BILL OF LADING

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,250.00	1,250.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00
TOTAL CHARGES: 1,390.00		

FREIGHT PAYABLE A/YBY:

BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE IL 60554

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's 5500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's optional cargo insurance with limits specified in Clause 23 and 24 on the reverse side of this bill of lading.

A. At Valued - If Shipper declares a value in the space provided, Carrier's 5500 limitation per container will not apply, and carrier will charge the At Valued rate for Shipper's cargo.
Declared Value \$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable law to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Carrier's inland cargo insurance at the applicable rates charged by Carrier.
[Yes] [No] Insured Value \$

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without receipt on the Consignee, the Consignor shall sign the following statement: The carrier shall not cause delivery of goods without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE CARRIED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIER, DELIVERY, AND TRANSFER OF THE GOODS ARE SUBJECT TO THE TERMS APPLICABLE ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER ON ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF WHICH BEING TENDERED AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID

REVISED 2/02

BY

SEA STAR LINE, LLC

Sep-18-2002 03:58am From-

T-237 P.004 F-377

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED 'TO ORDER'

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. (SJU05000) ROAD #5 KM 27.4 EXT EXPRESO DE DIEGO, PALMAS CATANO, PR 00982 M00477		TAX BOND NO.	BL NO. SJUELY273JAX053	Date: 06/25/02
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085		EXPORT REFERENCES RV#B1728		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ATTN: KAY UTTER () PHONE: 847-578-5921		BOOKING NUMBER: MG13347		SHIPPER REFERENCE NO. RV#B1728
PIER SAN JUAN, PR		SALES AGENT OR I/C (Complete Name, Address and Zip Code) FREIGHT BROKER ()		
VESSEL VOY. NO EL YUNQUE 273 N		PLACE OF RECEIPT		
FLAG UNITED STATES		PORT OF LOADING SAN JUAN, PR		
PORT OF DISCHARGE JACKSONVILLE, FL		POINT AND COUNTRY OF ORIGIN		
DESTINATION PORT WAUKEGAN, IL		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL		

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: UXXU4805070 SEAL 1: 32207 SEAL 2: 22233 TIR#: 183613	1 45HC	STC: 40 PALLETS 1,581 PIECES OF MEDICAL DEVICES -- PROTECT FROM FREEZING -- ORDERS NO. 53105872*AA; 53105873*AA -- TR/DR	19,516	

CORRECTED BILL OF LADING

TARIFF ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE BY:
OC FRT NORTHBOUND	1 1,250.00	1,250.00	BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
BUNKER SURCHARGE	1 125.00	125.00	LOGISTICS PAYMENT SERVICES
PT AUTH FEE	1 15.00	15.00	PO BOX 2000
			SUGAR GROVE IL 60554
		TOTAL CHARGES: 1,390.00	

SHIPPER LOAD AND COUNT	FREIGHT COLLECT	COPY NON-NEGOTIABLE
<p>Carrier's liability of freight per container shall apply, unless a Carrier's tariff procedure for Shipper's interest cargo insurance with rates specified in Clause 23 apply.</p> <p>A. As Valued - If Shipper declares a value in the space provided, Carrier's liability per container shall not apply, and carrier will charge the As Valued rate for Shipper's cargo.</p> <p>Declared Value \$</p> <p>B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.</p> <p>Yes / No Insured Value \$</p> <p>Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignment, the consignor shall sign the following statement: The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.</p> <p>Signature of</p>	<p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED GOODS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPING OF THE GOODS ARE SUBJECT TO THE TERMS APPLICABLE ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED ORIGINAL BILL(S) OF LADING, ALL OF WHICH, BY DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p> <p>REVISED 2/02</p> <p>BY SEA STAR LINE, LLC</p>	

Sep-18-2002 03:58am From-

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED 'TO ORDER'

T-237 P.006/016 F-377

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
ROAD #5 KM 27.4 EXT
EXPRESO DE DIEGO, PALMAS
CATANO, PR 00962

TAX BOND NO.

BL NO.

SJUELY275JAX029

Date:

07/02/02

EXPORT REFERENCES

BOOKING NUMBER:

IV14334

SHIPPER REFERENCE NO.

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA04357)
2101 WAUKEGAN ROAD

WAUKEGAN, IL 60085

SALES AGENT OR I/C (Complete Name, Address and Zip Code) FREIGHT BROKER

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO. FLAG
EL YUNQUE 275 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLDESTINATION PORT
JACKSONVILLE, FLFINAL DESTINATION OF GOODS (NOT VESSEL)
WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS NO OF PKGS DESCRIPTION OF PACKAGES AND GOODS

GROSS WEIGHT MEASUREMENT

UNIT NO:
GESU400039-0
SEAL 1: 32284
SEAL 2: 23293

1 45HC

STC: MEDICAL PRODUCT

PROTECT FROM FREEZING

ORDERS NOS.

53151338*AA, 53164255*AA, 53164256*AA

3372

BL# RV61804

TR/DR

22,746

TIR#: 182289

TARIFF ITEM NUMBER

CHARGES

TOTAL

OC FRT NORTHBOUND
BUNKER SURCHARGE
PT AUTH FEE

1

1,250.00

1,250.00

1

125.00

125.00

1

15.00

15.00

TOTAL CHARGES: 1,390.00

FREIGHT PAYABLE A/ BY:

BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE IL 60554

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's 5500 limitation of liability per container will apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side of this bill of lading. Shipper's choice.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's 5500 limitation per container will not apply; and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value

\$

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Carrier's cargo can be insured. If cargo can be insured, Shipper requires Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes [] No

Insured Value

\$

Subject to Clause 26 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the carrier, the consignee shall sign the following statement: The carrier shall not be liable for the shipment without payment of freight and all other lawful charges.

Signature of
Consignee

RECEIVED THE GOODS ON PACK, HEREBY SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OF SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTING OF THE GOODS ARE SUBJECT TO THE TERMS APPLICABLE ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

Sep-18-2002 03:58am From-

T-237 P.005 F-977

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO ,PR 00962

TAX BOND NO.

BL NO.

SJUELY275PEV078

Date:
07/02/02

EXPORT REFERENCES

KV 81806

BOOKING NUMBER:

IV14332

SHIPPER REFERENCE NO.

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA58831)
3205 MERIDIAN PARKWAY

WESTON, FL 33331

SALES AGENT OR I/C (Complete Name, Address and Zip Code) FREIGHT BROK. R.L.

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ATTN:MANUEL FERNANDEZ ()
PHONE#954-349-9988

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO FLAG
EL YUNQUE 275 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
PORT EVERGLADES, FL.DESTINATION PORT
WESTON, FLFINAL DESTINATION OF GOODS (NOT VESSEL)
WESTON, FL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASURE MEINT
UNIT NO: NPRU6553030 SEAL 1: 25779 SEAL 2: 3223 TIR#106075	1 45HC	STC: 34 PALLETS 1,245 PCS MEDICAL DEVICES TR/DR	21,459	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE

* Carrier's 5000 tonnage of liability per container shall apply, unless Carrier's tariff provisions for Shipper's interest cargo insurance are indicated in Clause 25 and 26 on the reverse side of this bill of lading.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's 5000 tonnage per container will not apply and Carrier will charge the Ad Valorem fee for Shipper's cargo.
Declared Value \$

B. Insurance Coverage - See Clause 25 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.
Yes () No Insured Value \$

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse to the carrier, the consignee shall sign the following statement. The carrier shall not raise liability of this shipment without payment of freight and all other lawful charges.

Signature of
Consignee

RECEIVED THE GOODS OR PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS FURNISHED. SHIPPER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.
THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSFER OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID

REVISED 2/02

BY _____

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03830)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUNAR GROVE IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 625.00	625.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

TOTAL CHARGES: 765.00

Sep-18-2002 03:58am From-

T-237 P.007/016 F-377

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED 'TO ORDER'

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
ROAD #5 KM 27.4 EXT
EXPRESO DE DIEGO, PALMAS
CATANO, PR 00962

TAX BOND NO.

BL NO.

SJUELY275JAX030

Date:

07/02/02

EXPORT REFERENCES

BOOKING NUMBER:

MG14464

SHIPPER REFERENCE NO.

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA04357)
2101 WAUKEGAN ROAD
WAUKEGAN, IL 60085

SALES AGENT OR I/C (Complete Name, Address and Zip Code) FREIGHT BROKER

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO
EL YUNQUE 275 NFLAG
UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLDESTINATION PORT
JACKSONVILLE, FLFINAL DESTINATION OF GOODS (NOT VESSEL)
WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
-------------------	------------	-----------------------------------	--------------	-------------

UNIT NO:
STRU455008-0
SEAL 1: 32209
SEAL 2: 25788

1 45HC

STC: MEDICAL PRODUCT
PROTECT FROM FREEZING
ORDERS NOS.
53177582*AA, 53177583*AA
BL# RV81827
TR/DR

23,877

TIR#: 539949

TARIFF ITEM NUMBER

CHARGES

TOTAL

OC FRT NORTHBOUND
BUNKER SURCHARGE
PT AUTH FEE

1

1,250.00

1,250.00

1

125.00

125.00

1

15.00

15.00

TOTAL CHARGES: 1,390.00

FREIGHT PAYABLE A/ BY:

BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE IL 60554

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper elects Option (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value

\$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper must obtain Shipper's interest cargo insurance at the applicable rate charged by Carrier.

Insured Value

\$

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPLICABLE ON THE FACE AND BACK HEREOF, AND AS CAPTURED TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENDR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the part of the carrier, the consignor shall sign the following statement: The carrier will not make delivery of this shipment without payment of freight and all other lawful charges.

REVISED 2/02

BY

SEA STAR LINE, LLC

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)		TAX BOND NO.	BL NO.	Date:
BAXTER HEALTHCARE CORP OF PR (SJU05000) ROAD #5 KM 27.4 BO. PALMAS CATANO, PR 00962 M00477			SJUELY267JAX061	06/04/02
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)		EXPORT REFERENCE		SHIPPER REFERENCE NO.
		RW81309		
ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085		BOOKING NUMBER		FREIGHT BROKER
		FW10155		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		SALES AGENT OR ICC (Complete Name, Address and Zip Code)		
		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER	PLACE OF RECEIPT			
SAN JUAN, PR				
VESSEL	VOY. NO	FLAG	PORT OF LOADING	POINT AND COUNTRY OF ORIGIN
EL YUNQUE	267 N	UNITED STATES	SAN JUAN, PR	
PORT OF DISCHARGE	DESTINATION PORT		FINAL DESTINATION OF GOODS (NOT VESSEL)	
JACKSONVILLE, FL	JACKSONVILLE, FL		WAUKEGAN, IL	

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO. OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: SBGU490155-1 SEAL 1: 32300 SEAL 2: 25208 TIR#: 1844381000 @DxD@D SHIPPER LOAD AND COUNT	1 45HC	STC: KITS/SETS, IN/OUTPATIENT TREATMENT ** TR/DR CORRECTED BILL OF LADING FREIGHT PREPAID	23,658	COPY NON-NEGOTIABLE

* Carrier's \$600 limitation of liability per container shall apply, unless Carrier's tariff provides for shipper's interest cargo value exceeding limits specified in Clause 22 and 24 on the reverse side of shipped subject Ocean (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value	Rate

d. **Insurance Coverage**—See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper must obtain Shipper's inland cargo insurance at the applicable rates shown by Carrier.

Year	No	Insured Value	\$
1990	1	100,000	100,000
1991	1	100,000	100,000
1992	1	100,000	100,000
1993	1	100,000	100,000
1994	1	100,000	100,000
1995	1	100,000	100,000
1996	1	100,000	100,000
1997	1	100,000	100,000
1998	1	100,000	100,000
1999	1	100,000	100,000
2000	1	100,000	100,000
2001	1	100,000	100,000
2002	1	100,000	100,000
2003	1	100,000	100,000
2004	1	100,000	100,000
2005	1	100,000	100,000
2006	1	100,000	100,000
2007	1	100,000	100,000
2008	1	100,000	100,000
2009	1	100,000	100,000
2010	1	100,000	100,000
2011	1	100,000	100,000
2012	1	100,000	100,000
2013	1	100,000	100,000
2014	1	100,000	100,000
2015	1	100,000	100,000
2016	1	100,000	100,000
2017	1	100,000	100,000
2018	1	100,000	100,000
2019	1	100,000	100,000
2020	1	100,000	100,000
2021	1	100,000	100,000
2022	1	100,000	100,000
2023	1	100,000	100,000
2024	1	100,000	100,000
2025	1	100,000	100,000
2026	1	100,000	100,000
2027	1	100,000	100,000
2028	1	100,000	100,000
2029	1	100,000	100,000
2030	1	100,000	100,000
2031	1	100,000	100,000
2032	1	100,000	100,000
2033	1	100,000	100,000
2034	1	100,000	100,000
2035	1	100,000	100,000
2036	1	100,000	100,000
2037	1	100,000	100,000
2038	1	100,000	100,000
2039	1	100,000	100,000
2040	1	100,000	100,000
2041	1	100,000	100,000
2042	1	100,000	100,000
2043	1	100,000	100,000
2044	1	100,000	100,000
2045	1	100,000	100,000
2046	1	100,000	100,000
2047	1	100,000	100,000
2048	1	100,000	100,000
2049	1	100,000	100,000
2050	1	100,000	100,000
2051	1	100,000	100,000
2052	1	100,000	100,000
2053	1	100,000	100,000
2054	1	100,000	100,000
2055	1	100,000	100,000
2056	1	100,000	100,000
2057	1	100,000	100,000
2058	1	100,000	100,000
2059	1	100,000	100,000
2060	1	100,000	100,000
2061	1	100,000	100,000
2062	1	100,000	100,000
2063	1	100,000	100,000
2064	1	100,000	100,000
2065	1	100,000	100,000
2066	1	100,000	100,000
2067	1	100,000	100,000
2068	1	100,000	100,000
2069	1	100,000	100,000
2070	1	100,000	100,000

Subject to Clause 4d of Conditions, if the shipment is to be delivered to the Consignee without recourse on the overdraft, the consignor shall sign the following statement: The consignor shall not make delivery of this shipment without payment of freight and all other usual charges.

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED, GUARANTEEING NOT INSPECTED CONTENTS ON SAID SEALED PACKAGES, THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSFERRING OF THE GOODS ARE SUBMITTED TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS' TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, NEWARK, N.J.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPANIED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/ BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA09090)
 LOGISTICS PAYMENT SERVICES
 PO BOX 2000
 SUGAR GROVE IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,250.00	1,250.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00982				TAX BOND NO.		BL NO. SJUELY267PEV011		Date: 06/04/02			
				EXPORT REFERENCES RUF1311							
				BOOKING NUMBER FW10158				SHIPPER REFERENCE NO.			
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA56831) 3205 MERIDIAN PARKWAY WESTON, FL 33331				SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LI							
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)				ALSO NOTIFY, ROUTING OR INSTRUCTIONS							
PIER SAN JUAN, PR				PLACE OF RECEIPT							
VESSEL EL YUNQUE		VOY. NO 267 N		FLAG UNITED STATES		PORT OF LOADING SAN JUAN, PR		POINT AND COUNTRY OF ORIGIN			
PORT OF DISCHARGE PORT EVERGLADES, FL.				PLACE OF DELIVERY WESTON, FL		FINAL DESTINATION OF GOODS (NOT VESSEL) WESTON, FL					
PARTICULARS FURNISHED BY SHIPPER											
MARKS AND NUMBERS		NO OF PKGS		DESCRIPTION OF PACKAGES AND GOODS				GROSS WEIGHT		MEASUREMEN	
UNIT NO: UXXU4811046 SEAL 1: 32278 SEAL 2: 21977		1 45HC		STC: 32 PALLETS 1,534 PCS MEDICAL DEVICES ** TR/DR				21,524			
SHIPPER LOAD AND COUNT				FREIGHT PREPAID				COPY NON-NEGOTIABLE			

Amount of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 20 and by Shipper's choice, Option (A) or (B) below.

When a value is in the space provided, Carrier's limit of liability per container will not apply, and carrier will charge the Ad Valorem rate for

When a value is in the space provided, Carrier's limit of liability per container will not apply, and carrier will charge the Ad Valorem rate for

Shipped to the Consignee without recourse on the consignor, the consignor shall sign the following
 without payment of freight and all other lawful charges.

Signature of
 Consignor

HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS
 THERE HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

ALL OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND
 REVERSE OF THIS BILL OF LADING AND/OR THE FEDERAL MARITIME COMMISSION.

AS SHIPPED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND
 HEREIN TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE CORP. OF PR (SJU05000)
 PO BOX 2002 M00477

CATANO

PR 00983

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 625.00	625.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP OF PR (SJU05000) ROAD #5 KM 27.4 BO, PALMAS CATANO, PR 00982 M00477		TAX BOND NO.	BL NO. SJUELY267JAX060	Date: 08/04/02												
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085		EXPORT REFERENCES RUC1301		SHIPPER REFERENCE NO.												
		BOOKING NUMBER FW10155														
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LI														
PIER SAN JUAN, PR		PLACE OF RECEIPT														
VESSEL EL YUNQUE	VOY. NO 267 N	FLAG UNITED STATES	POINT AND COUNTRY OF ORIGIN SAN JUAN, PR													
PORT OF DISCHARGE JACKSONVILLE, FL		DESTINATION PORT JACKSONVILLE, FL		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL												
PARTICULARS FURNISHED BY SHIPPER																
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT												
UNIT NO: GESU400091 SEAL 1: 32249 SEAL 2: 21842 TIR#: 1844401000 @0X020X	1 45HC	STC: KITS/SETS, IN/OUTPATIENT TREATMENT TR/DR		13,281												
CORRECTED BILL OF LADING																
SHIPPER LOAD AND COUNT		FREIGHT PREPAID		COPY NON-NEGOTIABLE												
<p>* Carrier's 8000 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper elects Option A (A) or (B) below.</p> <p>A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's 8000 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes [] No [] Insured Value \$ _____</p> <p>Subject to Clause 14 of Conditions, if the shipment is to be delivered to the consignee without recourse on the consignee, the consignee shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Signature of Consignee</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL (S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p> <p>BY _____</p>																
FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554		<table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRY NORTHBOUND</td> <td>1 1,250.00</td> <td>1,250.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 15.00</td> <td>15.00</td> </tr> </tbody> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRY NORTHBOUND	1 1,250.00	1,250.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 15.00	15.00
TARIFF ITEM NUMBER	CHARGES	TOTAL														
OC FRY NORTHBOUND	1 1,250.00	1,250.00														
BUNKER SURCHARGE	1 125.00	125.00														
PT AUTH FEE	1 15.00	15.00														

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP OF PR (SJU05000) ROAD #5 KM 27.4 BO. PALMAS CATANO, PR 00962 M00477		TAX BOND NO.	BL NO. SJUELY267JAX059	Date: 06/04/02												
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085		EXPORT REFERENCES BL# RV81322		SHIPPER REFERENCE NO.												
		BOOKING NUMBER FW10155														
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS														
PIER SAN JUAN, PR		PLACE OF RECEIPT														
VESSEL EL YUNQUE	VOY. NO 287 N	FLAG UNITED STATES	POINT AND COUNTRY OF ORIGIN SAN JUAN, PR													
PORT OF DISCHARGE JACKSONVILLE, FL		DESTINATION PORT JACKSONVILLE, FL		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL												
PARTICULARS FURNISHED BY SHIPPER																
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT												
UNIT NO: NPRU855355 SEAL 1: 32246 SEAL 2: 25244 TIR#: 1844421001 @0x01@01	1 45HC	STC: KITS/SETS, IN/OUTPATIENT TREATMENT TR/OR		10,482												
SHIPPER LOAD AND COUNT		FREIGHT PREPAID		COPY NON-NEGOTIABLE												
<p>* Carrier's 6000 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 25 and 26 on the reverse side or shipper selects Option (A) or (B) below.</p> <p>A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's 6000 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$</p> <p>B. Insurance Coverage - See Clause 25 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes <input type="checkbox"/> No <input type="checkbox"/> Insured Value \$</p> <p>Subject to Clause 26 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the originator, the originator shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature of Originator</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>																
FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554		<table border="1"> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> <tr> <td>OCEAN NORTHBOUND</td> <td>1 1,250.00</td> <td>1,250.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 15.00</td> <td>15.00</td> </tr> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OCEAN NORTHBOUND	1 1,250.00	1,250.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 15.00	15.00
TARIFF ITEM NUMBER	CHARGES	TOTAL														
OCEAN NORTHBOUND	1 1,250.00	1,250.00														
BUNKER SURCHARGE	1 125.00	125.00														
PT AUTH FEE	1 15.00	15.00														

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED TO ORDER

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP (SJU05000) ROAD #5 KM 27.4 EXT. EXPRESO DE DIEGO, PALMAS CATANO, PR 00962 M00477		TAX BOND NO.	BL NO. SJUELY269PEV019	Date: 06/11/02
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA56831) 3205 MERIDIAN PARKWAY WESTON, FL 33331		EXPORT REFERENCES RV81473		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()		BOOKING NUMBER MG11218	SHIPPER REFERENCE NO.	
PIER SAN JUAN, PR		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC ()		
PLACE OF RECEIPT		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
VESSEL EL YUNQUE	VOY. NO 269 N	FLAG UNITED STATES	POINT AND COUNTRY OF ORIGIN	
PORT OF DISCHARGE PORT EVERGLADES, FL.		PORT OF LOADING SAN JUAN, PR	FINAL DESTINATION OF GOODS (NOT VESSEL) WESTON, FL	
PLACE OF DELIVERY WESTON, FL.				
PARTICULARS FURNISHED BY SHIPPER				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: UXXU481426-1 SEAL 1: 29797 SEAL 2: 32287 TIR#: 76911	1 45HC	STC: MEDICAL SUPPLIES ** BL# RV81473 ** TR/DRD	21,502	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE

* Carrier's gross liability of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or otherwise indicated in Clause (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$2000 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
Declared Value \$ _____

B. Insurance Charge - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.
Yes ☐ No ☐ Insured Value \$ _____

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigned, the consignee shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Signature of Consignee _____

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN AFFRANT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OF SAID SEALED PACKAGES.

THE FREIGHT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE
IL 60654

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 825.00	825.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR. (SJU05000) ROAD #5 KM. 27.4 EXT. EXPRESO DE DIEGO BO. PALMAS CATANO, PR. 00982		TAX BOND NO.	BL NO. SJUELY269JAX020	Date: 08/11/02
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) MG- WAUKEGAN DC (REL) () C/O ALLEGIANCE 2101 WAUKEGAN ROAD WAUKEGAN IL 80085		EXPORT REFERENCES RV-081474		SHIPPER REFERENCE NO.
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. UPON ARRIVAL PLEASE CONTACT () LUIS VEGA 787 275-3013		SALES AGENT OR ICC (Complete Name, Address and Zip Code): FREIGHT BROKER LLC.		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL EL YUNQUE		VOY. NO 269 N	FLAG UNITED STATES	POINT AND COUNTRY OF ORIGIN
PORT OF DISCHARGE JACKSONVILLE, FL		PORT OF LOADING SAN JUAN, PR		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL
PARTICULARS FURNISHED BY SHIPPER				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT
UNIT NO: PRMU650664 SEAL 1: 28777 SEAL 2: 32252 TIR# 097176	1 45HC	STC: 47 PALLETS 1957 PCS MEDICAL DEVICES BILL OF LADING NO. RV-81474 **ALL MOTOR** DELIVERY ON 6/18 AT 8:00AM ** TR/DR:		24,854
CORRECTED BILL OF LADING				
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE
<p>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper indicates Clause (A) or (B) below.</p> <p>A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requires Shipper's interest cargo insurance at the applicable rates charged by Carrier. Insured Value \$ _____</p> <p>Shipment to be delivered to the Consignee without recourse on the consignee, the consignee shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature of Consignee _____</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSFER OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>				
FREIGHT PAYABLE AT/ BY:		BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554		
TARIFF ITEM NUMBER	CHARGES	TOTAL		
OC FRT NORTHBOUND	1	1,250.00	1,250.00	
BUNKER SURCHARGE	1	125.00	125.00	
PT AUTH FEE	1	15.00	15.00	